

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 03-036
		First Inventor or Application Identifier SANMA et al.
Title HOST INTERFACE, DEVICE INTERFACE, INTERFACE SYSTEM, AND COMPUTER PROGRAM PRODUCT		
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Express Mail Label No.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 27]</p> <p>-Descriptive title of the invention</p> <p>-Cross Reference to Related Applications</p> <p>-Background of the invention</p> <p>-Summary of the invention</p> <p>-Brief Description of the Drawings</p> <p>-Detailed Description of the Preferred Embodiment</p> <p>-Claims</p> <p>-Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]</p> <p>4. Oath or Declaration [Total Sheets 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS	
7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
9. <input type="checkbox"/> English Translation Document (if applicable)	
10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> Preliminary Amendment	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)	
13. <input type="checkbox"/> Small Entity Statement(s) (PTO/SB-09-12)	<input type="checkbox"/> Statement filed in prior application, Status still proper and desired
14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other:	

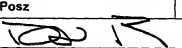
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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Name (Print/type)	David G. Posz	Registration No. (Attorney/Agent)	37,701
Signature		Date	August 27, 2003

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10/48/358
08/27/03

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 5px 0 0 40px;">Patent fees are subject to annual revision.</p>		<p style="text-align: center; margin: 0;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>August 27, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>SANMA et al.</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group/Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>03-036</td> </tr> </table>		Application Number		Filing Date	August 27, 2003	First Named Inventor	SANMA et al.	Examiner Name		Group/Art Unit		Attorney Docket No.	03-036
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$) 1042														

<h4 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h4> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 50-1147</p> <p>Deposit Account Name POSZ & BETHARDS, PLC</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h4 style="text-align: center; margin: 10px 0;">FEE CALCULATION</h4> <div style="border: 1px solid black; padding: 5px;"> <h5>1. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David G. Posz	Application No. (Attorney/Agent)	37,701
Signature		Telephone	(703) 707-9110
		Date	August 27, 2003

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